

JUN 16 2006

PART B - FEE(S) TRANSMITTAL

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ELI LILLY & COMPANY
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P.O. BOX 6288
INDIANAPOLIS, IN 46206-6288
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LINDA M. DURBIN

(Depositor's name)

Linda M. Durbin

(Signature)

(Date)

June 14, 2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/629,817 | 07/29/2003 | Douglas Wade Beight | X11792B | 8253 |

TITLE OF INVENTION: AROMATIC AMIDES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 06/16/2006 |
| EXAMINER | ART UNIT | | CLASS-SUBCLASS | | |
| BALLS, ROBERT J | 1625 | | 514-275000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

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1 Thomas E. Jackson

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Eli Lilly and Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Indianapolis, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 25

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0840 (enclose an extra copy of this form).

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Authorized Signature Thomas E. JacksonDate 13 June 2006Typed or printed name Thomas E. JacksonRegistration No. 33,064

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